State of Wisconsin
Department of Natural Resources
P.O. Box 7921
Madison, WI 53707

Chemical Feeder Submittal Checklist

Form 3300-227 (R 6/01)

Chemical Feeder Submittal Instructions:

The following is a listing of the information to be provided when requesting an approval for a chemical feeder:

1. Three sets of specifications. For municipal and subdivision water systems, the specifications must be sealed by a professional engineer. Manufacturer's specifications are not acceptable for approval purposes. However, they may be submitted as additional information.
2. Three sets of plans prepared in accordance with s. NR 811.13(1)(f). For municipal and subdivision water systems, the specifications must be sealed by a professional engineer
3. One copy of a chemical analysis of the water to be treated.
   For iron and manganese sequestering, only the iron and manganese results need to be submitted.
   For chlorine addition, a water analysis is not required.
   For fluoride addition, only background fluoride levels need to be submitted.
   For corrosion control, a completed Desktop Study with the chemical analyses needs to be submitted.

INCOMPLETE SUBMITTALS WILL BE RETURNED WITHOUT REVIEW

Notice: This form is authorized by ss. 281.11, 281.19(1) and (2) and 280.11, Wis. Stats., and ss. NR 108.04(2)(a) and NR 811.13(1)(h)(3), Wis. Adm. Code. Completion of this form or a similar form approved by the Department is mandatory. Failure to submit a completed form to the Department is punishable: by a forfeiture of not less than $10 nor more than $5,000; or by a fine of not less than $10 or more than $100 or imprisonment of not more than 30 days, or both. Each day of continued violation is a separate offense (ss. 299.97 and 280.97, Wis. Stats.). Personally identifiable information on this form will be used for no other purpose.

A. General Information

Name of Municipality/Sanitary District, Other	Clerk or Contact Name		
Mailing Address	City	State	ZIP Code

Location of Project or Well Number

B. Submittal Information

1. Are copies of the appropriate chemical analyses included? (NR811.13(4)) ☐ Yes ☐ No
2. Are three set of P.E. sealed plans and specifications included? (NR108.04(2)(c)) ☐ Yes ☐ No ☐ N/A
3. What is the purpose of adding the proposed chemical? (NR811.13(4)) _____

C. Evaluation Information

1. Is the proposed chemical approved under NSF chapter 60? (NR811.07(4)(c)) ☐ Yes ☐ No
2. Will the injection point be located downstream of the last shut-off valve? (NR811.40(1)) ☐ Yes ☐ No
   If no, where is the injection point located? _____
3. If the proposed chemical is a phosphate, will the water be continuously chlorinated? (NR811.51(1)) ☐ Yes ☐ No
4. Will appropriate protective clothing, eyewear, gloves, showers, and eyewash facilities be provided in accordance with the DCOM requirements for chemical handling facilities? (NR811.41(2)(c)(2)) ☐ Yes ☐ No
5. Will a separate room be provided for the chemical feed equipment? ☐ Yes ☐ No
6. GAS CHLORINATION INSTALLATIONS ONLY
   a. Will a separate gas tight chlorine room be provided? (NR811.44(5)(a)) ☐ Yes ☐ No
   b. Will an airtight viewing window be provided? (NR811.44(5)(b)) ☐ Yes ☐ No
   c. Will the chlorine room door open outward to the outside of the building? (NR811.44(5)(c)) ☐ Yes ☐ No
   d. Will the fan and light switches be located outside the pumproom or be door activated? (NR811.44(6)(c)) ☐ Yes ☐ No
   e. Will the fresh air intake be located near the ceiling? (NR811.44(6)(b)) ☐ Yes ☐ No

f. Will the exhaust fan intake be located near the floor? (NR811.44(6)(a)) ☐ Yes ☐ No
g. Will the exhaust fan discharge be located away from inhabitable areas? (NR811.44(6)d)) ☐ Yes ☐ No
h. Will the exhaust fan be capable of providing one complete room air change per minute? (NR 811.44(6)) ☐ Yes ☐ No
i. Will the chlorine cylinders be restrained? (NR 811.44(5)(f)(2)) ☐ Yes ☐ No
j. Will the door to the chlorine room be provided with panic hardware? (NR 811.44(5)(c)) ☐ Yes ☐ No
k. Will a gas mask with a self-contained air supply be provided? (NR 811.44(8)(a)) ☐ Yes ☐ No
l. Will the gas chlorine lines extend beyond the chlorine room? (NR 811.44(5)(g)) ☐ Yes ☐ No

If yes, will the chlorine lines be under vacuum? ☐ Yes ☐ No

(Check √ one) ☐ Schedule 80 PVC
☐ Schedule 40 polyethylene

If polyethylene, will the vacuum piping be in a carrier conduit? ☐ Yes ☐ No

m. Will an ammonia bottle be provided for leak detection? (NR 811.44(8)(b)) ☐ Yes ☐ No

D. Specifications (NR 811.13(1)(f))

Chemical	Weight lb./gal.	Percent Active Chemical	Active Chemical lb./gal.

Chemical Feeder Manufacturer

Chemical Feeder Model

Maximum Feeder Capacity gal./day	Proposed Feeder Speed Setting (NR811.40(2)(b)) Strokes/Minute (from calculations)	Proposed Feeder Stroke Length (NR811.40(2)(b)) % of Maximum (from calculations)

Method of Feeder Control (NR 811.40(4))

Method of Secondary Feeder Control (Required for Fluoride Only) (NR 811.46(4))

Will a spring-loaded, diaphragm-type, anti-siphon device be provided? (NR811.40(2)(e)) ☐ Yes ☐ No	Residual Tester Type

Solution Line Material (NR 811.40(2)(g))	Solution Tank Material (NR 811.40(2)(g))	Solution Tank Capacity (NR 811.41) Gallons

Will the solution tank cover be: ☐ Overlapping ☐ Integrated	Will all openings be sealed? ☐ Yes ☐ No

Method of Determining Chemical Use? (NR 811.41(1)(g))

☐ Scale Pound increments _____ lbs.
☐ Graduations Tank graduation increments _____ gal.
☐ Sonic Accuracy _____ % of range
☐ Other Describe: _____

E. Calculations (NR 811.13(4))

Well Pump Capacity Gallons Per Minute	Desired Residual ppm

Calculations for amount of chemical to be added. (show calculations below or attach)

Calculation for dilution. (Show calculations below or attach)

Calculation for average daily chemical use. (Show calculations below or attach)

Calculation for feeder settings. (Show calculations below or attach)

Speed (12 strokes per minute minimum) (NR811.40(2)(b)) _____

Stroke Length (30% to 70%) (NR811.40(2)(b)) _____

Calculations for solution tank size. (Show calculations below or attach) (NR 811.41(d), requires that the maximum capacity of the solution tank to be such that the daily solution usage is a minimum of 5 % of the tank capacity.)

F. Comments:

G. I certify that I have examined the above information and found it to be correct, true and complete.

_____ _____
Signature of Preparer Date Signed

_____ _____
Wis. P.E. Number (if P.E.) Telephone Number